

FILED MAY 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14185

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>	
b. CITY OR TOWN <u>Perryville</u>		c. CITY OR TOWN _____	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 1/2 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>RR #1 Ste. Genevieve, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry Co Memorial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARUEL</u> b. (Middle) <u>Joseph</u> c. (Last) <u>SHADOWENS</u>			4. DATE OF DEATH <u>April 7, 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 16, 1928</u>	9. AGE (in years last birthday) <u>27</u>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Limekiln</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Creston, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Alex Shadowens</u>		13b. MOTHER'S MAIDEN NAME <u>Linnie Hess</u>		14. NAME OF HUSBAND OR WIFE <u>Rosella Valle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Rosella Shadowens Ste. Gen, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra-cerebral Hemorrhage 17 days of the left lat ventricle</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage of Choroid</u> DUE TO (c) <u>Defect of left lat. ventricle</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 4-7, 1956 to 4-7, 1956 that I last saw the deceased alive on 4-7, 1956, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>F. W. Kelly MD</u> (Design or title)		23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>4-9-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>4-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	
24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James S. Taylor Ste. Genevieve Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-7-56</u>		REGISTRAR'S SIGNATURE <u>Jose J. Zellner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James S. Taylor Ste. Genevieve Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 10 1951
SEP 17 1951
MAY 5 1951

MAY 6 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Jerome H. Stauter

Licensed Embalmer No. 3817
P. O. Address *St. Genard*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.